

DHS Expected Practices

Specialty: Women's Health

Subject: Contraception Initiation and Use

Date: March 5, 2014

Purpose:

To provide guidance on the initiation and use of contraceptive methods.

Target Audience:

Primary Care Providers and other providers of Women's Health care.

Expected Practice:

Context – The unintended pregnancy rate in the United States remains high at 50%, with higher proportions among adolescents, young women, racial/ethnic minorities and women of low income and education levels. Approximately half of women with unintended pregnancies were not using contraception at the time they became pregnant; the other half are among women who became pregnant despite reported use of contraception. Therefore, strategies to help prevent unintended pregnancy include helping women use methods consistently and correctly.

Initiation of Contraceptive Methods

Once a patient has been determined to be a candidate for a particular contraceptive method based on the U.S. CDC Medical Eligibility Criteria for Contraceptive Use, this method can be initiated at any time if it is reasonably certain that the woman is not pregnant.

A health-care provider can be reasonably certain that a woman is not pregnant if she has no symptoms or signs of pregnancy and meets any one of the following criteria:

- *Is ≤ 7 days after the start of normal menses*
- *Has not had sexual intercourse since the start of last normal menses*

This Expected Practice was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this Expected Practice, but in such cases compelling documentation for the exception should be provided in the medical record.

- *Has been correctly and consistently using a reliable method of contraception*
- *Is ≤ 7 days after spontaneous or induced abortion*
- *Is within 4 weeks postpartum*
- *Is fully or nearly fully breastfeeding (exclusively breastfeeding or the vast majority [$\geq 85\%$] of feeds are breastfeeds), amenorrheic, and < 6 months postpartum*

Contraceptive methods may be initiated using the QuickStart method (preferred) and is described in **Table 1** below. Otherwise, contraceptive methods can be initiated at the onset of menses.

Pregnancy testing requirements

- Routine pregnancy testing for every woman is not necessary.
- If a woman meets any one of the above requirements, a urine pregnancy test might be considered in addition to these criteria (based on clinical judgment), bearing in mind the limitations of the accuracy of pregnancy testing.
- If a woman does not meet any of these criteria, then the health-care provider cannot be reasonably certain that she is not pregnant, even with a negative pregnancy test.
- If a woman reports having unprotected intercourse within the last 5 days, she should be offered emergency contraception.

Women with medical problems

A woman with certain medical conditions or risk factors may not be a candidate for all contraceptive methods as use of certain methods may be unsafe. If a woman has a coexisting medical condition, the U.S. CDC Medical Eligibility Criteria for Contraceptive Use should be referenced to determine a woman's eligibility for various contraceptive methods.

Prevention of Sexually Transmitted Diseases

Other than latex condoms, no other contraceptive method has been shown to be effective in preventing the spread of sexually transmitted diseases. Women should be advised to continue using latex condoms with their contraceptive method of choice for the prevention of sexually transmitted infections.

References:

CDC U.S. Medical Eligibility for Contraceptive Use, 2010

Available: www.cdc.gov/reproductivehealth/UnintendedPregnancy/USMEC.htm

CDC U.S. Selected Practice Recommendations for Contraceptive Use, 2013

Available: www.cdc.gov/reproductivehealth/UnintendedPregnancy/USSPR.htm

Table 1: Initiating Contraception Using the QuickStart Method

| Contraceptive method | When to start (if the provider is reasonable certain that the woman is not pregnant) | Additional contraception (i.e. backup) needed | Examination or tests needed before initiation |
|--|---|---|--|
| Copper T IUD | Anytime | Not needed | Bimanual examination and cervical inspection* |
| Levonorgestrel-releasing IUD | Anytime | If >7 days after menses started, use back-up method or abstain for 7 days | Bimanual examination and cervical inspection* |
| Implant | Anytime | If >5 days after menses started, use back-up method or abstain for 7 days | None |
| Injectable | Anytime | If >7 days after menses started, use back-up method or abstain for 7 days | None |
| Combined hormonal contraceptive (pill, patch, ring) | Anytime | If >5 days after menses started, use back-up method or abstain for 7 days | Blood pressure measurement |
| Progestin-only pill | Anytime | If >5 days after menses started, use back-up method or abstain for 7 days | None |
| Barrier method (condom, cervical cap, sponge, diaphragm) | Anytime | None | None |
| Natural family planning, fertility awareness | Anytime if she has regular, predictable menstrual cycles | None | None |

*Most women do not require additional STD screening at the time of IUD insertion if they have been screened according to CDC's STD Treatment Guidelines. If a woman has not been screened according to guidelines, screening can be performed at the time of IUD insertion and insertion should not be delayed. Women with purulent cervicitis or current chlamydia or gonorrhea should not undergo IUD insertion. For women who have a very high individual likelihood of STD exposure, IUD insertion should be delayed until appropriate testing and treatment occurs.